



TOWN OF BRENTWOOD 2022 AFFORDABLE HOUSING APPLICATION

Process And Instructions

Eligibility: The Town of Brentwood Affordable Housing Program is to assist homeowners who have an emergency repair in their primary residence, located in the Town of Brentwood, that are unable to do so because of the financial impact of COVID-19; and if the repairs are not addressed may cause the homeowner to be displaced.

Assistance from the Affordable Housing Program is capped at \$10,000 and will be used to address emergency repairs.

Emergency repairs and maintenance are a priority and Mayor/Council reserve the right to revise the program at their discretion.

All applicants must complete the following:

1. Complete the attached application. The requested information not provided will cause delays in the approval of an application.
2. Get three (3) quotes from licensed contractors that identify the need for services to be provided.
3. Ensure all required attachments are included with the application.
It's recommended that all applicants have a valid email address to assist in the communication of the information related to the application. Contractors must be licensed and in good standing with the State of Maryland.

Generally, a Certificate of Good Standing simply indicates that the entity has filed all reports and paid the necessary fees with the Secretary of State's office. It serves as proof, or evidence, that the entity exists and is authorized to transact business in the state.

How To Submit Your Application:

Email the completed application along with the attachments to help@brentwoodmd.gov

Fax:(301) 927-0681

Mail or Drop Off (During Office Hours)

Town of Brentwood, 4300 39th Place, Brentwood, MD 20722

Contact Town Hall at (301) 927-3344 or email help@brentwoodmd.gov with any questions regarding the application.

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September 27, 2022



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Resident Information:

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Home Contact Number: _____ Mobile/Cell: _____

Email: _____

Please attach documentation to verify residency in the Town of Brentwood

Please indicate the type of assistance needed:

_____ Plumbing and septic repairs

_____ Roof repair/replacement

_____ Correct building code violations

_____ Reduce/eliminate lead paint hazards

_____ Repair/replace porch

_____ Address structural or maintenance issues

_____ Install accessibility aids (handrails, ramps, grab bars, doorway expansion, etc.)

_____ Other (Provide a description of work to be considered for assistance)

Do you have three (3) quotes (required)? **If so, please attach copies.** The application will not receive final approval until quotes are received and reviewed.

Who is your preferred licensed contractor: _____

Are you contributing any funds to the project? **If so, how much \$** _____

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Timeframe for work to commence and be completed:

Estimated Start Date: _____

Estimated Completion Date: _____

Disclaimer:

*The Town of Brentwood is **NOT** responsible for workmanship, administration of any warranties, contractor liabilities, etc. Any assistance provided by the Town of Brentwood is done on a hold harmless basis and approved applicants are responsible for all legal responsibilities and assume all risks related to the approved project in its entirety. Any disputes or claims are to be handled by and between the applicant and the contractor. Providing fraudulent information on this application can result in denial and repayment of any assistance provided under this program. The Town of Brentwood will use all available resources to collect on any debts including the filing of property liens. The Town of Brentwood reserves the right to inspect the property before and after the completion of all work.*

Applicant Signature: _____

Date: _____

Checklist:

_____ Proof Residency

_____ Three (3) Quotes from licensed contractors

_____ Pictures of the existing condition of the home

_____ Proof of negative financial impact due to COVID (letter from employer, letter related to unemployment benefits, etc.). If you were self-employed, please verify of dissolution of the business.

**If no documents are available, please provide a written statement here:*

Office Use Only:

Date Application Received _____

Approved: Yes _____ or No _____ Amount Approved: \$ _____

Approving Town Official _____ Date Approved _____

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Please use this blank page to provide additional information, if needed:

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